KeyBank Health Savings Account (HSA) Application and Adoption Agreement

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING NEW ACCOUNTS AT KEY

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements.

When a customer opens an account with any entity within the KeyCorp family of companies, we will ask for the customer's name, address and identification number, and, in the case of an individual, his or her date of birth. For business accounts we may also obtain this information for individuals associated with the business. We may also request to see a valid driver's license or other approved identifying documents. In all cases, Key is committed to protecting the privacy and identity of each of its customers.

Bank Number:

(to be completed by bank employee)

Owner of Account	TIN/SSN	DOB
KeyBank National Association, HSA Custodian		

Statement Mailing Address	Legal Mailing Address (if different from statement) (No post office boxes)
Street	Street
City St Zip	City St Zip

Citizenship Status: U. S. citizen | U. S. resident alien | Nonresident alien (W8-BEN Form required)

Home Phone	Cell Phone	Employment Phone	Place of Employment

Mother's Maiden Name	Primary Identification Type	Secondary Identification Type

ID / ID # / Exp. Date / Comments

New Account Verification

Account Decision-Source	Verified By	Override By	
Opened By	**Officer Code:**	**Branch #**	**Branch Phone**

This Health Savings Account Application and Adoption Agreement ("Agreement") authorizes KeyBank National Association (the "Bank"), at its discretion, to open one or more personal deposit accounts (including checking accounts, savings accounts and certificates of deposit but excluding passbook savings accounts) upon the receipt of electronic, written or oral instructions from me (meaning the signer below) without obtaining a signature on any additional Agreement or signature card. I understand that all deposit accounts opened by me under the Plan will be owned by me in the same capacity. This Agreement is the signature card for all accounts opened under this Agreement.

I authorize the Bank at its discretion: (i) to act upon instructions from me to deposit, withdraw or transfer funds to or from any other accounts (except passbook savings) at the Bank when opening new accounts; (ii) to recognize and honor my signature on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds, including transfers to the Bank or to third parties and (iii) to act upon instructions from me for the transaction of any business on any accounts covered by this Agreement. I agree that the Bank may receive instructions from me via any source including: electronic communications, computer, telephone, US mail or in person at the Bank.

I understand that all accounts opened under this Agreement are subject to the Deposit Account Agreement. I acknowledge receiving a copy of the agreement, and a written disclosure of the interest rate, annual percentage yield, fees and other terms and disclosures relating to the account opened at the time the Agreement was signed.

Attention New Customer: *The information you are providing to open your new KeyBank account is subject to review and verification. KeyBank reserves the right to close your account in the event we are unable to verify, to our satisfaction, the information you have provided.*

This form must be forwarded to Health Saving Operations, mailcode NY-00-01-0180 **Form No. EF-88-2014 11/11**

KeyBank Health Savings Account (HSA) Application and Adoption Agreement

DESIGNATION OF BENEFICIARY(IES)

I designate the individual(s) named below as my primary and secondary Beneficiary(ies) of this HSA. I revoke all prior Beneficiary designations, if any, made by me. I understand that I may change or add Beneficiaries at any time by completing and delivering the proper form to the Custodian. A secondary Beneficiary's interest shall begin only upon the death or disclaimer of all primary beneficiaries. If any primary or secondary Beneficiary dies before me, his or her interest shall terminate completely, and any remaining Beneficiary share shall be increased on a pro rata basis. This designation applies to all accounts open under this plan, either now or in the future.

The following individual(s) shall be my Beneficiary(ies):

Primary	Secondary	Name Address	Social Security Number Date of Birth Relationship
Primary	Secondary	Name Address	Social Security Number Date of Birth Relationship
Primary	Secondary	Name Address	Social Security Number Date of Birth Relationship

SPOUSAL CONSENT

Subject to your state's community or marital property laws, if applicable.

I am the spouse of the Health Savings Account holder. I agree to my spouse's designation of a primary beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I have no claim whatsoever against KeyBank National Association or its affiliates, officers, directors, employees or agents (collectively, "KeyBank"), for any payment made to my spouse's named Beneficiary(ies). I further acknowledge that no tax or legal advice was given to me by KeyBank.

Account holder's Spouse Signature _____ Date _____

Witness Signature _____ Date _____

PLAN CERTIFICATIONS AND SIGNATURE

Important: Please read before signing.

I hereby adopt the Health Savings Account Plan referenced above and appoint KeyBank as Custodian. I certify that I have received a copy of the applicable KeyBank Health Savings Account Custodial Agreement and any accompanying disclosures. I understand the terms and conditions that apply to this HSA are contained in the Custodial Agreement and disclosure. I agree to be bound by those terms and conditions.

I assume complete responsibility for the tax consequences of any contribution (including rollover contributions) and distributions. I further certify that I am responsible for:

1) Determining my eligibility to establish this HSA.
2) Determining that all contributions to my HSA meet the requirements of the Internal Revenue Code governing such contributions.
3) Determining whether any payments from the HSA are used for qualified medical expenses.

I release, indemnify and hold KeyBank harmless from any and all liabilities, damages, costs, expenses, taxes, penalties or other claims which it may incur for relying on this certification in accepting this account.

I understand the following tax certification applies to all accounts opened under this Agreement: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for the number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- **An individual who is a U.S. citizen or U.S. resident alien,**
- **A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,**
- **An estate (other than a foreign estate), or**
- **A domestic trust (as defined in Regulations section 301.7701-7).**

If you are a foreign person, cross out above tax certification section and "U.S. Person" on the line next to your signature below. Complete the appropriate Form W-8BEN.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding. See Certification signature below.

Signature of U. S. Person _____ Date _____

ACCEPTANCE BY KEYBANK

The plan shall be deemed to have been accepted by KeyBank upon receipt of all necessary forms, properly completed.

Authorized KeyBank Signature _____ Date _____

Reminder: Do not write an account number on this document.

This form must be forwarded to Health Saving Operations, mailcode NY-00-01-0180

PRINT CLEAR

HSA Application Basic Info

1. **Account Owner Info**
    1. Name, date of birth, social security number, address, phone number, place of employment
2. **Identification**
    1. **Primary ID:** Write the words "Driver's License"
    2. **Secondary ID**: Just write the words "Employee"
    3. Then on the line below, actually fill in the DL information. (DL#, issue date, expiration date)

(To be completed by bank employee)

Owner of Account		TIN/SSN	DOB
KeyBank National Association, HSA Custodian			
Statement Mailing Address		Legal Mailing Address (if different from statement) (No post office boxes)	
Street		Street	
City	St Zip	City	St Zip
Citizenship Status: ✓ U. S. citizen	U. S. resident alien	Nonresident alien (W8-BEN Form required)	
Home Phone	Cell Phone / Employment Phone	Place of Employment	
Mother's Maiden Name	Primary Identification Type: Drivers License	Secondary Identification Type	
ID / ID # / Exp. Date / Comments			

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1. Just one beneficiary needed. All information is not needed for beneficiary in order to get the account opened; we can always call back and get it later.
2. Sign form at bottom of back page.

Complete the appropriate Form W-8BEN.
The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding. See Certification signature below.

Signature of U. S. Person _____ Date _____